



CITY OF ALLENTOWN AT RISK PROPERTY REQUEST FOR DE-REGISTRATION

ONLY COMPLETED FORMS WILL BE ACCEPTED

"Must be TYPED or PRINTED CLEARLY in BLACK or BLUE INK"

Date: _____

Address of Property: _____

Parcel # _____

Owners(s) Name: _____

Phone # _____

Owners Address: _____

Owner's E-Mail Address: _____

Reason for Deregistration:

Property Sold ☐

Please include Agreement of Sale and Presale ordered from the City of Allentown.

Mortgage Satisfied ☐

Please Provide recorded satisfaction

Property is no longer an at Risk ☐

Please provide appropriate paperwork to show Risk is removed.

I hereby certify that all the information I have provided for this Registration is true and correct.

Name of Person Filing Registration (Printed) _____

(Signed) _____

**C/O Abandoned Property Registration
435 Hamilton Street Room # 325
Allentown, PA 18101
610-437-7733
Register@allentownpa.gov**